

Exhibit 163

United States of America ex rel. Ven-a-Care of the Florida Keys, Inc. v. Boehringer Ingelheim Corp. et al.

Civil Action No. 07-10248-PBS

Exhibit to the July 24, 2009, Declaration of James J. Fauci
In Support of Plaintiff's Motion for Partial Summary Judgment and
In Opposition to the Roxane Defendants' Motion For Partial Summary Judgment

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

In re: PHARMACEUTICAL
INDUSTRY AVERAGE WHOLESALE
PRICE LITIGATION

THIS DOCUMENT RELATES TO:

*United States of America ex rel. Ven-a-
Care of the Florida Keys, Inc. v. Dey,
Inc., et al.*, Civil Action No. 05-11084-
PBS; and

*United States of America ex rel. Ven-a-
Care of the Florida Keys, Inc. v.
Boehringer Ingelheim Corp., et al.*, Civil
Action No. 07-10248-PBS

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) MDL No. 1456

) Master Case No. 01-12257-PBS

) Subcategory Case No. 06-11337-PBS

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) Hon. Patti B. Saris
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DECLARATION OF ROBIN KREUSH STONE

I, Robin Kreush Stone, do hereby declare as follows:

1. I am currently employed by Palmetto as the Manager of the Medicare Pricing Unit. I have personal knowledge of the matters stated in this declaration.
2. I testified in deposition in the above-captioned cases on February 28 and 29, 2008.
3. From 1993 to approximately June 2007, Palmetto GBA was the Durable Medical Equipment Carrier (DMERC) for Region C, serving: Alabama, Arkansas, Colorado, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands. I

understand that the time period relevant to the above-captioned cases is 1996 through 2003. I generally confine my observations herein to that period.

4. From 1996 to 2002 I held the position of Business Analyst Lead. My responsibilities in that position included providing oversight and training of DMERC pricing analysts performing the DMERC drug pricing updates. In 2002, I became Manager over the Medicare Pricing Unit. My responsibilities were the same with the added managerial requirements.

5. I am familiar with the pricing arrays prepared and used by Palmetto GBA to determine allowable amounts for ipratropium bromide inhalation solution during the period 1996 through December 31, 2003. I identified those arrays in Exhibit Abbott 522 to my deposition, at pages 43-44 (J7645) and pages 62-67 (K0518/J7644) of the exhibit.¹ The arrays were prepared either by me or by members of my staff and reviewed by me. Attached as Exhibit A is a list of the Palmetto arrays for these HCPCS codes that I identified and their Bates-stamp numbers or identifying pathways.

6. In Palmetto's DME pricing arrays for J7644, Palmetto generally classified the Roxane Ipratropium Bromide NovaPlus products as brands. These products were

¹ Except that in Exhibit Abbott 522 I mistakenly stated that no array was located for K0518 for the third quarter of 1997. In fact, the Palmetto array for this quarter is reproduced at AWQ037-0644. Also, in certain quarters (2000 Q1 - Q3, and 2003 Q3 & Q4) Palmetto did not use the precise fees for the KQ modifier shown in the K0518/J7644 arrays but instead used fees based on fees for J7051 agreed upon in consultation with other DMERCs. Finally, I note that the electronic arrays for 2000 Q1, Q2, and Q3 include an Alparma product (in blue font), but this product was not included in the fee calculation.

classified as brands from the first quarter ("Q1") of 2001, when they first appeared in our arrays, through 2003 Q4. For one quarter, 2003 Q2, I am unable to determine with certainty whether they were treated as brands or generics in the fee calculation.

7. In HCFA Transmittal No. AB-98-76, a copy of which is attached to this declaration as Exhibit B, the Health Care Finance Administration (now CMS) instructed carriers that, for a multiple source drug or biological, AWP is equal to the lesser of the median AWP of all the generic forms of the drug or biological or the lowest brand name product AWP. The Transmittal stated, "A 'brand name' product is defined as a product that is marketed under a label name that is other than the generic chemical name for the drug or biological."

8. Palmetto classified products as brands or generics based on the product name. If the product name differed from the chemical name, we considered it a brand. This was the case with NovaPlus. Because this product had the trade name "NovaPlus" added to the chemical name, we considered it a "brand" product.

9. In pricing drugs other than ipratropium bromide during the relevant time period, Palmetto generally classified other products having the "NovaPlus" name as brands. Attached as Exhibit C is a collection of Palmetto arrays that treat NovaPlus products as brands.

10. Palmetto obtained pricing data, including AWP, from the Red Book during the relevant time frame. Prior to approximately 1999, Palmetto used the annual

printed Red Book, plus printed monthly updates. At some point Palmetto began obtaining electronic pricing data from quarterly CD-ROMS published by the Red Book. By 2001 Q1 (the first quarter when the Roxane NovaPlus products appear in the arrays for ipratropium bromide), Palmetto was using the quarterly Red Book CD-ROMS. I can tell this from looking at the pricing array at AWQ037-0038 (attached as Exhibit D).

11. During the period 2001 Q1 through 2002 Q4 or 2003 Q1, Palmetto used the quarterly Red Book CD-ROM to determine whether to treat a drug product as a brand or generic. In approximately 2002 Q4 or 2003 Q1 Palmetto began downloading Red Book data via Red Book's internet-based service and used that data. Palmetto would not have consulted the hard copy printed Red Book publication during the period 2001 Q1 through 2003 Q4 for purposes of determining whether a product was a brand or generic. The electronic CD-ROM version of the Red Book and the internet-based service had different capitalization and typeface conventions as compared to the printed Red Book. We determined whether the product was a brand or generic based on the name of the product.

12. With regard to the Palmetto array for 2003 Q2, a person unfamiliar with the Palmetto database that was in use at the time might conclude from that document that Palmetto treated NovaPlus as a generic product. A copy this array is attached as Exhibit E. The column at the far right of the array, entitled "otype," shows either a "B" or "G," which someone unfamiliar with the originating database might think mean "brand" and "generic," respectively. However, that is not a correct interpretation of the column. That

column indicates whether the fee for the particular HCPCS code was calculated on the basis of the price of a brand or on the basis of the median of the generics; it does not indicate whether the particular drug product was treated as a brand or generic in the calculation.

13. This is illustrated in Exhibit D (the 2001 Q2 array). In Exhibit D, the second column from the left, under the heading "Brand," is the column that specifies whether the product is treated in the calculation as a brand ("Y") or generic ("N"). And the column to the far right, under the heading "typ," indicates that the allowed fee for J7644 was based on the median of the generic forms of the drug.

14. Exhibit E does not include the "Brand" column and does not show whether the Roxane NovaPlus products were treated by Palmetto as a brand or a generic in calculating the fee. I am unable to determine with confidence how in fact they were treated. Palmetto was experiencing difficulties around that time changing to a different electronic system for calculating fees, and in the absence of documentation, I am uncertain how the Roxane NovaPlus was treated. The fact that it was consistently treated as a brand before and after 2003 Q2, and the fact that I am unaware of any reason why we would have changed our normal treatment of this product, suggests that we treated it as a brand. But I am unable to say this with confidence.

15. During the relevant time period, Palmetto published on a quarterly basis DMERC Medicare Advisories containing information regarding the policies and

practices of Palmetto in its Medicare administration work. The other DMERCs similarly published quarterly advisories. Attached as Exhibit F are selected pages of a Palmetto Medicare Advisory for the Summer of 1999. Page 53 gives an update on drug fees for claims processed after April 1, 1999, and states, "The Region C Drug Fee Schedule is based on the lesser of the median average wholesale price (AWP) of the generic forms or the lowest brand name product AWP." The Medical Advisory also invited concerned persons to contact Palmetto with questions, and provided contact information for ombudsmen who could answer questions. The Advisory also provided information about Palmetto's web site. That web site provided on-line access to the Palmetto Provider Manual.

16. In selecting which NDCs were covered under a particular HCPCS code, I generally did not select drugs with special packaging or convenience items such as flip-top vials, carpu-jets, tubes and others because such items are not considered necessities and typically inflate the price.

17. I have reviewed materials indicating that two ipratropium bromide inhalation solution products manufactured by Zenith Goldline appeared in the Red Book in or around 2000. These products have a "P.F." label, which means Preservative Free. I did not include these two Zenith Goldline products in the arrays for ipratropium bromide pursuant to the policy described above because Preservative Free products often utilized special packaging which tended to increase the price.

I swear under penalty of perjury that the foregoing statements are true and correct.

Robin Kreush Stone
Robin Kreush Stone

Executed this 23 day of July, 2009

Exhibit A

**J7645, K0518/J7644 - Ipratropium Bromide
Palmetto Arrays**

Date	Bates Number or Pathway
1996 Q1	AWQ 037-0843
1996 Q2	AWQ 037-0752
1996 Q3	AWQ 037-0644
1996 Q4	AWQ037-0014
1996 Q4	AWQ 037-0508
1997 Q1	AWQ 037-0392
1997 Q3	AWQ 037-0132
1998 Q1	AWQ 037-0018
1998 Q1	AWQ 037-0969
1998 Q2	AWQ037-0020
1998 Q2	AWQ 037-1129
1998 Q3	AWQ 037-0022
1998 Q3	AWQ 037-1233
1998 Q4	AWQ 037-0024
1998 Q4	AWQ 037-1330
1999 Q3	AWQ 028\nonPrivDATA\Item 1 Drug Files (Pricing information)\1999 Drug Files\K0000 7-1-99.zip, tab K0518
1999 Q4	AWQ 028\nonPrivDATA\Item 1 Drug Files (Pricing information)\1999 Drug Files\K0000 10-1-99.zip, tab K0518
2000 Q1* ¹	AWQ 028\nonPrivDATA\Item 1 Drug Files (Pricing information)\2000 Drug Files\K0000 1-1-00rev.zip, tab J7644
2000 Q2*	AWQ 028\nonPrivDATA\Item 1 Drug Files (Pricing information)\2000 Drug Files\K0000 4-1-00.zip, tab J7644

¹ * The arrays for 2000 Q1, Q2, and Q3 show an Alharma USPD product. However, these arrays did not include the Alharma USPD product in the calculation of the Medicare allowance.

Date	Bates Number or Pathway
2000 Q3*	AWQ 028\nonPrivDATA\Item 1 Drug Files (Pricing information)\2000 Drug Files\J7000oldk_codes 7-1-00, tab J7644
2001 Q1	AWQ 037-0037
2001 Q1	AWQ 037-0038
2001 Q2	AWQ 037-0040 - AWQ 037-0043
2001 Q3	AWQ 037-0045 - AWQ 037-0048
2001 Q4	AWQ 037-0050 - AWQ 037-0052
2002 Q1	AWQ 037-0054 - AWQ 037-0057
2002 Q2	AWQ 037-0059 - AWQ 037-0062
2002 Q3	AWQ 037-0064 - AWQ 037-0067
2003 Q1	AWQ 037-0069 - AWQ 037-0072
2003 Q2	AWQ 037-0074 - AWQ 037-0076
2003 Q3	AWQ 037-0078 - AWQ 037-0080
2003 Q4	AWQ 037-0082 - AWQ 037-0084

Exhibit B

PROGRAM MEMORANDUM INTERMEDIARIES/CARRIERS

Department of Health
and Human Services

Health Care Financing
Administration

Transmittal No. AB-99-63

Date SEPTEMBER 1999

This Program Memorandum re-issues Program Memorandum AB-98-76, Change Request 745 dated December 1998. The only change is the discard date; all other material remains the same.

CHANGE REQUEST #745

SUBJECT: Implementation of the New Payment Limit for Drugs and Biologicals

The purpose of this program memorandum (PM) is to furnish you with instructions needed to implement the Code of Federal Regulations (CFR), 42 CFR 405.517, as amended in the Federal Register (FR) in 63 FR 58849. This section of the regulations specifies that drugs and biologicals be paid based on the lower of the billed charge or 95 percent of the average wholesale price (AWP) as described below.

Payments for Drugs and Biologicals

Drugs and biologicals not paid on a cost or prospective payment basis are paid based on the lower of the billed charge or 95 percent of the AWP as reflected in sources such as the Red Book, Blue Book, or Medispan. Examples of drugs that are paid on this basis are drugs furnished incident to a physician's service, drugs furnished by pharmacies under the durable medical equipment benefit, covered oral anti-cancer drugs, and drugs furnished by independent dialysis facilities that are not included in the end stage renal disease composite rate payment.

Currently, the AWP of a drug or biological is determined by the methodology described in PM AB 97-25 dated January 1998. Effective with your next scheduled drug payment update, but no later than April 1, 1999, determine the AWP as described below.

Calculation of the AWP

1. For a single-source drug or biological, the AWP equals the AWP of the single product.
2. For a multi-source drug or biological, the AWP is equal to the lesser of the median AWP of all of the generic forms of the drug or biological or the lowest brand name product AWP. A "brand name" product is defined as a product that is marketed under a labeled name that is other than the generic chemical name for the drug or biological.
3. After determining the AWP, multiply it by 0.95. This is the new drug payment allowance limit. Do not round this payment allowance limit. There is no minimum for this amount.

Intermediary Processed Claims

The procedure for processing intermediary claims has not changed. As described in PM AB 97-25, all carriers will continue to furnish their drug payment allowance updates for all drugs and biologicals directly to the fiscal intermediaries in their jurisdiction free of charge.

HCFA-Pub. 60AB

Carriers should contact the fiscal intermediaries to determine the preferred method of transmission. Carriers are to send this information to all fiscal intermediaries they routinely deal with. If this method of obtaining payment allowance updates does not work for any intermediary, contact your appropriate regional office immediately.

These instructions replace the current payment calculation instructions in PM AB-97-25; §5202 of the Medicare Carriers Manual, Part 3; §3644.E of the Medicare Intermediary Manual, Part 3; §2711.2.B.2 of the Provider Reimbursement Manual, Part 1, Chapter 27; and §319.1 of the Renal Dialysis Facility Manual. Manual revisions will be issued soon.

These instructions should be implemented within your current operating budget.

This PM may be discarded August 31, 2000.

Contact Person: Robert Niemann on (410)786-4569.

Exhibit C

Produced: 13SEP02

PROD	Description	Brand Name	Company	Product Name	Additional Description	Package Size	Strength/ Dosage	Note Form	NDC	AMP	Price	Lowest	Overall	Type	add
J7659KA	ISOPROTERENOL HYDROCHLORIDE	N	Abbott Hosp Elkins-Stam	ISOPROTERENOL (ABSOJECT, ISOPROTERENOL HYDROCHLORIDE (AMP, DOSE)	10.00ml 10EA 5.000ml 25EA	0.02 MG/ML 0.2 MG/ML	SOL SOL		00074490518 00641143835	79.68 95.70	3.19 7.66	1.63 1.63	1.55 1.55	B B	
J7659KA	ISOPROTERENOL HYDROCHLORIDE	Y	Abbott Hosp Abbott Hosp Allscripts Allscripts	ISUPREL ISUPREL ISUPREL ISUPREL	(UNIT, AMP) (AMP) (AMP) (AMP)	1.000ml 25EA 5.000ml 10EA 5.000ml 10EA 5.000ml 1EA	0.2 MG/ML 0.2 MG/ML 0.2 MG/ML 0.2 MG/ML	SOL SOL SOL SOL	00074141001 00074141005 54569206000 54569206801	85.50 48.45 203.88 20.39	34.20 3.88 16.31 1.63	1.63 1.63 1.63 1.63	1.55 1.55 1.55 1.55	B B B B	
J7668	METAPROTERENOL SULFATE	N	Morton Grove Morton Grove	METAPROTERENOL SULFATE MOTAPROTERENOL SULFATE	10.00ml 1EA 30.00ml 1EA	5% 5%	SOL SOL		60432067601 60432067630	13.70 37.70	0.27 0.25	0.28 0.26	0.25 0.25	G G	
J7668KA	METAPROTERENOL SULFATE	N	Apotex Corp. Apotex Corp.	METAPROTERENOL SULFATE MOTAPROTERENOL SULFATE	(AMP) (AMP)	2.500ml 25EA 2.500ml 25EA	0.4% 0.6%	SOL SOL	60505080701 60505080801	34.38 34.38	1.38 0.92	1.15 1.15	1.09 1.09	G G	
J7668KA	METAPROTERENOL SULFATE	Y	Pharma Pac Phys Total Care	ALUPENT ALUPENT	(VIAL) (VIAL)	2.500ml 1EA 2.500ml 25EA	0.6% 0.6%	SOL SOL	52956015806 54686317900	54.23 57.78	36.15 1.54	1.15 1.15	1.09 1.09	G G	
J7668KP	METAPROTERENOL SULFATE	N	Apotex Corp. Apotex Corp.	METAPROTERENOL SULFATE MOTAPROTERENOL SULFATE	(AMP) (AMP)	2.500ml 25EA 2.500ml 25EA	0.4% 0.6%	SOL SOL	60505080701 60505080801	34.38 34.38	1.38 0.92	1.15 1.15	1.09 1.09	G G	
J7668KP	METAPROTERENOL SULFATE	Y	Pharma Pac Phys Total Care	ALUPENT ALUPENT	(VIAL) (VIAL)	2.500ml 1EA 2.500ml 25EA	0.6% 0.6%	SOL SOL	52956015806 54686317900	54.23 57.78	36.15 1.54	1.15 1.15	1.09 1.09	G G	
J7669KA	METAPROTERENOL SULFATE	N	Morton Grove Morton Grove	METAPROTERENOL SULFATE MOTAPROTERENOL SULFATE	10.00ml 1EA 30.00ml 1EA	5% 5%	SOL SOL		60432067601 60432067630	13.70 37.70	0.27 0.25	0.28 0.26	0.25 0.25	G G	
J7680	TERBUTALINE SULFATE	Y	Neosin Pharma Neosin Pharma	BRETHINE BRETHINE	(AMP) (AMP)	1.000ml 100EA 1.000ml 10EA	1 MG/ML 1 MG/ML	SOL SOL	00028750701 00028750723	3.093.75 324.85	30.94 32.48	30.94 30.94	29.38 29.38	B B	
J7681KA	TERBUTALINE SULFATE	Y	Neosin Pharma Neosin Pharma	BRETHINE BRETHINE	(AMP) (AMP)	1.000ml 100EA 1.000ml 10EA	1 MG/ML 1 MG/ML	SOL SOL	00028750701 00028750723	3.093.75 324.85	30.94 32.48	31.13 31.13	29.57 29.57	B B	
J7681KA	TERBUTALINE SULFATE	Y	Neosin Pharma Neosin Pharma	BRETHINE BRETHINE	(AMP) (AMP)	1.000ml 100EA 1.000ml 10EA	1 MG/ML 1 MG/ML	SOL SOL	00028750701 00028750723	3.093.75 324.85	30.94 32.48	31.13 31.13	29.57 29.57	B B	
J7682KA	TERBUTALINE SULFATE	Y	Chiron Corporation Chiron Corporation	T081 T081	(S.D. AMP, (S.D. AMP,	5.000ml 56EA 5.000ml 56EA	80 MG/ML 80 MG/ML	SOL SOL	53905006501 53905006501	2.786.00 2.786.00	49.39 49.39	49.39 49.39	46.82 46.82	B B	
J7682KA	TERBUTALINE SULFATE	Y	Chiron Corporation Chiron Corporation	T081 T081	(S.D. AMP, (S.D. AMP,	5.000ml 56EA 5.000ml 56EA	80 MG/ML 80 MG/ML	SOL SOL	53905006501 53905006501	2.786.00 2.786.00	49.39 49.39	49.39 49.39	46.82 46.82	B B	
J8000	DOXORUBICIN HYDROCHLORIDE	Y	Pharmacia Corp Pharmacia Corp	ADRIAMYCIN RDE ADRIAMYCIN RDE	EA (S.D. V.)	10 MG 15 U	PDS PDS		00013108691 00703315401	53.64 305.78	53.64 305.78	53.64 304.60	50.86 289.37	B B	
J8040	BLEOMYCIN SULFATE	N	Faulding Hosp Faulding Hosp	BLEOMYCIN SULFATE BLEOMYCIN SULFATE	EA (S.D. V.)	15 U 15 U	PDS PDS		61703033218 00703315481	309.00 305.78	309.00 305.78	304.60 304.60	289.37 289.37	B B	
J8040	BLEOMYCIN SULFATE	Y	Abbott Hosp B/M Squibb One V/Lr B/M Squibb One V/Lr	BLEOMYCIN SULFATE NOVAPLU BLEOMYCIN SULFATE NOVAPLU BLEOMYCIN SULFATE NOVAPLU	(S.D. V.) (VIAL) (VIAL)	15 U 15 U 15 U	PDS PDS PDS		00703315481 00015301020 00015301020	305.78 304.60 304.60	305.78 304.60 304.60	304.60 304.60 304.60	289.37 289.37 289.37	B B B	

 * Notes: *****
 * Special Source Inclusion for J1325 (NDC 00173051600)
 * Region C does not compute prices for J0850, J1561, J3370, J7504, J7516, J8001,
 * J8130, J8140, J8208, J8209, J8285, J8289, J8290, J8335, J8380
 * IC codes: J7682KA, J7658, J7659KA, J7659, J7659, J7659
 * Region C *DOES NOT LOAD* the price for J7682KA
 * C8920 is always ***\$10.00***
 * *****
 * Medication Professional Reimbursement Data (V8manlev) *****

DMEC Drug Calculator excluding Oral Anti-Emetic - J98									
Produced: 13SEP02									
PROC	Description	Company Brand Name	Product Name	Additional Package Description Size	Strength/ Dosage	Note Form	NDC	Price per unit	Median or Lowest Brand Price Overall Price Type add
J9065	CLADRIINE	Y Ortho Biotech	LEUSTATIN	(S.D.V.) 10.00a1 1EA	1 MG/ML	SOL	59676020101	619.31	61.93
J9100	CYTARABINE	N Bedford	CYTARABINE	(VIAL) 10 EA	100 MG	PDS	55390013110	62.50	6.25
J9100	CYTARABINE	Y Bedford	CYTARABINE NOVAPLUS	(VIAL) 10 EA	100 MG	PDS	55390080610	62.50	6.25
J9100	CYTARABINE	Pharmacia Corp	CYTOSAR-U	(M.D.V.) EA	100 MG	PDS	00009037301	8.98	0.25
J9110	CYTARABINE	N Bedford	CYTARABINE	(VIAL) 10 EA	500 MG	PDS	55390013210	250.00	25.00
J9110	CYTARABINE	Y Bedford	CYTARABINE NOVAPLUS	(VIAL) 10 EA	500 MG	PDS	55390080710	250.00	25.00
J9110	CYTARABINE	Pharmacia Corp	CYTOSAR-U	(M.D.V.) EA	500 MG	PDS	00009047301	35.64	35.64
J9160	FLUOROURACIL	N Faulding Pharm	FLUOROURACIL	(VIAL) 10.00a1 10EA	50 MG/ML	SOL	61703040932	37.45	3.75
J9160	FLUOROURACIL	ICN	FLUOROURACIL	(VIAL) 10.00a1 10EA	50 MG/ML	SOL	00187396364	21.75	2.18
J9180	FLUOROURACIL	Y Pharmacia Corp	ADRUCIL	(VIAL) 10.00a1 1EA	50 MG/ML	SOL	00013103691	3.20	3.20
J9200	FLOXURIDINE	N APF	FLOXURIDINE	(VIAL) EA	0.5 GM	PDS	63323014507	150.00	150.00
J9200	FLOXURIDINE	Bedford	FLOXURIDINE	(VIAL) EA	0.5 GM	PDS	55390013501	136.38	136.38
J9200	FLOXURIDINE	Y Bedford	FLOXURIDINE NOVAPLUS	(VIAL) EA	0.5 GM	PDS	55390043501	136.39	136.39
J9246	MELPHALAN	Y GSK Pharm	ALKERAN IV	EA	50 MG	PDS	00173013083	438.70	438.70
J9360	VINBLASTINE SULFATE	N APF	VINBLASTINE SULFATE	(M.D.V.) 10.00a1 1EA	1 MG/ML	SOL	63323027810	43.23	4.32
J9370	VINCRIISTINE SULFATE	N Abbott Hosp	VINCRIISTINE SULFATE	(S.D.V.) 1.000a1 1EA	1 MG/ML	SOL	00703440211	35.77	35.77
J9370	VINCRIISTINE SULFATE	Y Pharmacia Corp	VINCASAR PFS	(VIAL) 1.000a1 1EA	1 MG/ML	SOL	00013745688	43.23	43.23
J9375	VINCRIISTINE SULFATE	N Abbott Hosp	VINCRIISTINE SULFATE	(S.D.V.) 2.000a1 1EA	1 MG/ML	SOL	00703441211	71.54	71.54
J9375	VINCRIISTINE SULFATE	Y Pharmacia Corp	VINCASAR PFS	(VIAL) 2.000a1 1EA	1 MG/ML	SOL	00013745688	86.46	86.46
J9380	VINCRIISTINE SULFATE	N Abbott Hosp	VINCRIISTINE SULFATE	(S.D.V.) 1.000a1 1EA	1 MG/ML	SOL	00703440211	35.77	35.77
J9380	VINCRIISTINE SULFATE	Y Pharmacia Corp	VINCASAR PFS	(VIAL) 1.000a1 1EA	1 MG/ML	SOL	00013745688	43.23	43.23
K0648	INSULIN LISPRO, HUMAN	Y Lilly	HUMALOG	(VIAL) 10.00a1 1EA	100 U/ML	SUS	00002751001	54.10	2.71
G9920	EPOETIN ALFA	Y Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	10000 U/ML	SOL	55513028301	289.18	13.46
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	10000 U/ML	SOL	55513028310	289.18	13.46
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047801	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047810	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047820	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047830	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047840	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047850	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047860	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047870	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047880	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047890	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047900	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047910	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047920	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047930	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047940	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047950	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047960	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047970	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047980	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513047990	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048000	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048010	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048020	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048030	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048040	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048050	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048060	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048070	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048080	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048090	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048100	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048110	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048120	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048130	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048140	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048150	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048160	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048170	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048180	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048190	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048200	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048210	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048220	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048230	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048240	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048250	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048260	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048270	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048280	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048290	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048300	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048310	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048320	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048330	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048340	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048350	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048360	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048370	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048380	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048390	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048400	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048410	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048420	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048430	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048440	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048450	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048460	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048470	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048480	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048490	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048500	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048510	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048520	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048530	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048540	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048550	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048560	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048570	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048580	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048590	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048600	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048610	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048620	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048630	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048640	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048650	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048660	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55513048670	289.46	14.47
		Amgen Inc.	EPOGEN	(M.D.V.) 2.000a1 1EA	20000 U/ML	SOL	55		

DMERC Drug Calculations Detail Report - excluding Anti-Emetics Drugs

Effective Date: April 2002

PROC	Brand	NDC	Company	Product	Add'l Desc	Size	Strength	Form	AWP	Unit Price	Price	Fee	Source
J0285	INJECTION, AMPHOTERICIN B, 50 MG												
N													
		00703978501	Abbott Hosp	AMPHOTERICIN B	(S.D.V.)	ea	50 mg	PDI	\$11.64	\$11.64	\$10.82	\$10.28	G
		39822105505	Pharma-Tek	AMPHOTERICIN B	(STERILE, LATEX-	ea	50 mg	PDI	\$10.00	\$10.00	\$10.82	\$10.28	G
Y													
		00003043730	Apothecon	FUNGIZONE INTRAVENOUS		ea	50 mg	PDI	\$18.59	\$18.59	\$10.82	\$10.28	G
		00003043732	Apothecon	AMPHOTERICIN B VHA PLUS		ea	50 mg	PDI	\$19.08	\$19.08	\$10.82	\$10.28	G
		00013140544	Pharmacia Corp	AMPHOCIN		ea	50 mg	PDI	\$36.26	\$36.26	\$10.82	\$10.28	G
J0286	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG												
Y													
		00469305130	Fujisawa	AMBISOME		ea	50 mg	PDI	\$188.40	\$188.40	\$93.33	\$88.66	B
		61471011512	Alza	AMPHOTEC	(S.D.V.)	ea	50 mg	PDI	\$93.33	\$93.33	\$93.33	\$88.66	B
		61799010131	LIPOSOME	ABELCET		10 ml	5 mg/ml	INJ	\$134.66	\$134.66	\$93.33	\$88.66	B
J0895	INJECTION, DEFFEROXAMINE MESYLATE, 500 MG												
Y													
		00083380104	Novartis Pharm.	DESFERAL		4s ea	500 mg	PDI	\$59.62	\$14.91	\$14.91	\$14.16	B
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG												
N													
		00641012125	Elkins-Sinn	HYDROMORPHONE HYDROCHLORIDE	(VIAL, DOSETTE	1 ml 25s	2 mg/ml	INJ	\$26.01	\$2.08	\$1.57	\$1.49	G

Notes: Special Source Inclusion for J1325 (NDC 00173051900). Region C does not compute pricing for J0850, J1561, J3370, J7504, J7516, J9001, J9130, J9140, J9208, J9209, J9285, J9280, J9290, J9355, J9380. Region C does not load pricing for J7682KQ.

Source: Medicare Professional Reimbursement-Pricing (V)Brantley

PROC	Brand	NDC	Company	Product	Add'l Desc	Size	Strength	Form	AWP	Unit Price	Price	Fee	Source
		55390013110	Bedford	CYTARABINE	(VIAL)	10s ea	100 mg	PDI	\$62.50	\$6.25	\$6.25	\$5.94	G
		00009037301	Pharmacia Corp	CYTOSAR-U	(M.D.V.)	ea	100 mg	PDI	\$8.98	\$8.98	\$6.25	\$5.94	G
		55390080610	Bedford	CYTARABINE NOVAPLUS	(VIAL)	10s ea	100 mg	PDI	\$62.50	\$6.25	\$6.25	\$5.94	G
J9110				CYTARABINE, 500 MG									
N		55390013210	Bedford	CYTARABINE	(VIAL)	10s ea	500 mg	PDI	\$250.00	\$25.00	\$25.00	\$23.75	G
Y		00009047301	Pharmacia Corp	CYTOSAR-U	(M.D.V.)	ea	500 mg	PDI	\$35.64	\$35.64	\$25.00	\$23.75	G
		55390080710	Bedford	CYTARABINE NOVAPLUS	(VIAL)	10s ea	500 mg	PDI	\$250.00	\$25.00	\$25.00	\$23.75	G
J9130				FLUOROURACIL, 500 MG									
N		00187395364	ICN	FLUOROURACIL	(VIAL)	10 ml 10s	50 mg/ml	SOL.	\$21.75	\$2.18	\$2.60	\$2.47	G
		10019095002	BAXTER PPI	FLUOROURACIL	(S.D.V.)	10 ml	50 mg/ml	INJ	\$2.60	\$2.60	\$2.60	\$2.47	G
		61703040932	Faulding Pharm	FLUOROURACIL	(VIAL)	10 ml 10s	50 mg/ml	SOL.	\$37.45	\$3.75	\$2.60	\$2.47	G
Y		00013103691	Pharmacia Corp	ADRUCLIL	(VIAL)	10 ml	50 mg/ml	INJ	\$3.20	\$3.20	\$2.60	\$2.47	G
J9200				FLOXURIDINE, 500 MG									
N		55390013501	BEDFORD	FLOXURIDINE	(VIAL)	ea	0.5 gm	INJ	\$136.38	\$272.76	\$136.38	\$129.56	B
		63323014507	APP	FLOXURIDINE	(VIAL)	ea	0.5 gm	INJ	\$150.00	\$300.00	\$136.38	\$129.56	B
Y													

Notes: Special Source Inclusion for J1325 (NDC 00173051900). Region C does not compute pricing for J0850, J1561, J3370, J7504, J7516, J9001, J9130, J9140, J9208, J9209, J9265, J9280, J9290, J9355, J9390. Region C does not load pricing for J7682KQ.

Source: Medicare Professional Reimbursement-Pricing (VBrantley

Lowest Brand
\$78.14

Median SDP Allow Empire Allow
\$0.00 \$75.43 \$74.23

<u>Jcode</u>	<u>ManufacturerName</u>	<u>ProductName</u>	<u>Package Desc</u>	<u>NDC</u>	<u>Strength</u>	<u>PackageSize</u>	<u>AWP</u>	<u>AWP Effective Date</u>
9150	WYETH-AVERST LABORATORIES	CERUBIDINE	(VIAL)	00008-4155-01	20 MG	Package Size EA 00010 [Package Quantity 00010EA]	\$1550.41	03/05/1994
9150	ABBOTT HOSPITAL PRODUCTS	(10 ML S.D.V.) 00703-5032-03						
	<u>EmpireComment</u>	Product is "obsolete" and should not be considered in pricing.						
9150	BEDFORD LABORATORIES	CERUBIDINE	(S.D.V.)	55390-0281-10	20 MG	Package Size EA 00010 [Package Quantity 00010EA]	\$1698.00	03/07/2003
9150	BEDFORD LABORATORIES	DAUNORUBICIN HCL NOVAPLUS	(S.D.V.)	55390-0805-10	20 MG	Package Size EA 00010 [Package Quantity 00010EA]	\$1562.76	03/07/2003
	<u>EmpireComment</u>	Product should be considered as a "brand "						

Lowest Brand
\$144.00

Median SDP Allow Empire Allow
\$147.00 \$129.57 \$136.80

<u>Jcode</u>	<u>ManufacturerName</u>	<u>ProductName</u>	<u>Package Desc</u>	<u>NDC</u>	<u>Strength</u>	<u>PackageSize</u>	<u>AWP</u>	<u>AWP Effective Date</u>
J9200	ROCHE LABORATORIES	FUDR		00004-1935-08	0.5 GM	Package Size EA 00001 [Package Quantity 00001EA]	\$136.38	01/14/1998
J9200	QUAD PHARMACEUTICALS		(10 ML DILUENT)	51309-0231-10	0.5 GM	Package Size EA 00001 [Package Quantity 00001EA]	\$87.50	04/01/1990
J9200	BEDFORD LABORATORIES		(VIAL)	55390-0135-01	0.5 GM	Package Size EA 00001 [Package Quantity 00001EA]	\$144.00	03/07/2003
J9200	BEDFORD LABORATORIES	FLOXURIDINE NOVAPLUS	(VIAL)	55390-0435-01	0.5 GM	Package Size EA 00001 [Package Quantity 00001EA]	\$144.00	03/07/2003
<u>EmpireComment</u> AWP effective 03/07/2003 is noted incorrectly on SDP file as \$136.39. AWP of \$144.00 results in fee increase to \$136.80								
J9200	FAULDING PHARMACEUTICA FUDR			61703-0331-09	0.5 GM	Package Size 000000.5000 GM [Package Quantity 00001E]	\$155.00	09/23/2002
J9200	AMERICAN PHARM PARTNERS, INC.			63323-0145-07	0.5 GM	Package Size EA 00001 [Package Quantity 00001EA]	\$150.00	06/04/2001

AW/0045-07/98

PROC	Brand	NDC	Company	Product	Add'l Desc	Size	Strength	Form	AWP	Unit Price	Price	Fee	Source
J9110	CYTARABINE, 500 MG	00009037301	Pharmacia Corp	CYTOSAR-U	(M.D.V.)	ea	100 mg	PDI	\$8.98	\$8.98	\$6.25	\$5.94	G
		55390080610	Bedford	CYTARABINE NOVAPLUS	(VIAL)	10s ea	100 mg	PDI	\$62.50	\$6.25	\$6.25	\$5.94	G
		55390013210	Bedford	CYTARABINE	(VIAL)	10s ea	500 mg	PDI	\$250.00	\$25.00	\$25.00	\$23.75	G
		00009047301	Pharmacia Corp	CYTOSAR-U	(M.D.V.)	ea	500 mg	PDI	\$35.64	\$35.64	\$25.00	\$23.75	G
J9190	FLUOROURACIL, 500 MG	55390080710	Bedford	CYTARABINE NOVAPLUS	(VIAL)	10s ea	500 mg	PDI	\$250.00	\$25.00	\$25.00	\$23.75	G
		00187395364	ICN	FLUOROURACIL	(VIAL)	10 ml 10s	50 mg/ml	SOL	\$21.75	\$2.18	\$2.60	\$2.47	G
		10019095002	BAXTER PPI	FLUOROURACIL	(S.D.V.)	10 ml	50 mg/ml	INJ	\$2.60	\$2.60	\$2.60	\$2.47	G
		61703040932	Faulding Pharm	FLUOROURACIL	(VIAL)	10 ml 10s	50 mg/ml	SOL	\$37.45	\$3.75	\$2.60	\$2.47	G
J9200	FLOXURIDINE, 500 MG	00013103691	Pharmacia Corp	ADRUCIL	(VIAL)	10 ml	50 mg/ml	INJ	\$3.20	\$3.20	\$2.60	\$2.47	G
		55390013501	BEDFORD	FLOXURIDINE	(VIAL)	ea	0.5 gm	INJ	\$136.38	\$272.76	\$136.38	\$129.56	B
		63323014507	APP	FLOXURIDINE	(VIAL)	ea	0.5 gm	INJ	\$150.00	\$300.00	\$136.38	\$129.56	B
		00004193508	Roche Labs	FUDR		ea	0.5 gm	PDI	\$136.38	\$136.38	\$136.38	\$129.56	B
J9140, J9208, J9209, J9265, J9280, J9290, J9355, J9390, J9140, J9208, J9209, J9265, J9280, J9290, J9355, J9390, Region C does not load pricing for J7682KQ.	FLOXURIDINE, 500 MG	55390043501	BEDFORD	FLOXURIDINE NOVAPLUS	(VIAL)	ea	0.5 gm	INJ	\$136.39	\$272.78	\$136.38	\$129.56	B
		00004193508	Roche Labs	FUDR		ea	0.5 gm	PDI	\$136.38	\$136.38	\$136.38	\$129.56	B
		63323014507	APP	FLOXURIDINE	(VIAL)	ea	0.5 gm	INJ	\$150.00	\$300.00	\$136.38	\$129.56	B
		00004193508	Roche Labs	FUDR		ea	0.5 gm	PDI	\$136.38	\$136.38	\$136.38	\$129.56	B

Notes: Special Source Inclusion for J1325 (NDC 00173051900). Region C does not compute pricing for J0850, J1561, J3370, J7504, J7516, J9001, J9140, J9208, J9209, J9265, J9280, J9290, J9355, J9390. Region C does not load pricing for J7682KQ.

Source: Medicare Professional Reimbursement-Pricing (VBrantley

AWW0045-0855

PROC	Brand	NDC	Company	Product	Add'l Desc	Size	Strength	Form	AWP	Unit Price	Price	Fee	Source
		55390013110	Bedford	CYTARABINE	(VIAL)	10s ea	100 mg	PDI	\$62.50	\$6.25	\$6.25	\$5.94	G
Y		00009037301	Pharmacia Corp	CYTOSAR-U	(M.D.V.)	ea	100 mg	PDI	\$8.98	\$8.98	\$6.25	\$5.94	G
		55390080610	Bedford	CYTARABINE NOVAPLUS	(VIAL)	10s ea	100 mg	PDI	\$62.50	\$6.25	\$6.25	\$5.94	G
		J9110 CYTARABINE, 500 MG											
N		55390013210	Bedford	CYTARABINE	(VIAL)	10s ea	500 mg	PDI	\$250.00	\$25.00	\$25.00	\$23.75	G
Y		00009047301	Pharmacia Corp	CYTOSAR-U	(M.D.V.)	ea	500 mg	PDI	\$35.64	\$35.64	\$25.00	\$23.75	G
		55390080710	Bedford	CYTARABINE NOVAPLUS	(VIAL)	10s ea	500 mg	PDI	\$250.00	\$25.00	\$25.00	\$23.75	G
		J9190 FLUOROURACIL, 500 MG											
N		00187395364	ICN	FLUOROURACIL	(VIAL)	10 ml 10s	50 mg/ml	SOL	\$21.75	\$2.18	\$2.60	\$2.47	G
		10019095002	BAXTER PPI	FLUOROURACIL	(S.D.V.)	10 ml	50 mg/ml	INJ	\$2.60	\$2.60	\$2.60	\$2.47	G
Y		61703040932	Faulding Pharm	FLUOROURACIL	(VIAL)	10 ml 10s	50 mg/ml	SOL	\$37.45	\$3.75	\$2.60	\$2.47	G
		00013103691	Pharmacia Corp	ADRUCL	(VIAL)	10 ml	50 mg/ml	INJ	\$3.20	\$3.20	\$2.60	\$2.47	G
		J9200 FLOXURIDINE, 500 MG											
N		55390013501	BEDFORD	FLOXURIDINE	(VIAL)	ea	0.5 gm	INJ	\$136.38	\$272.76	\$136.38	\$129.56	B
		63323014507	APP	FLOXURIDINE	(VIAL)	ea	0.5 gm	INJ	\$150.00	\$300.00	\$136.38	\$129.56	B
Y													

Notes: Special Source Inclusion for J1325 (NDC 00173051900). Region C does not compute pricing for J0850, J1561, J3370, J7504, J7516, J9001, J9140, J9208, J9209, J9265, J9280, J9290, J9355, J9390. Region C does not load pricing for J7682KQ.

Source: Medicare Professional Reimbursement-Pricing (VBrantley

Exhibit D

9/01

DMERC Drug Calculations
 excluding Oral Anti-Emetic Drugs
 Data Source: October 2000
 Produced: 27NOV00

PROC	Description	Company Brand Name	Product Name	Additional Description	Package Size	Strength/ Dosage	Note Form	NDC	AMP	Price per unit	Lowest Brand	Median or Overall Price	Ty	
J7643KO	GLYCOPYRROLATE	N	Amer Regent Consolidated Midland Consolidated Midland	GLYCOPYRROLATE GLYCOPYRROLATE GLYCOPYRROLATE	(M.D.V.) (VIAL) (VIAL)	20 ml 25s 5 ml 25s 20 ml	0.2 MG/ML 0.2 MG/ML 0.2 MG/ML	INU INU INU	00517462025 00223772205 00223772320	155.94 125.00 6.00	1.56 5.00 1.50	0.33 0.33 0.33	0.31 0.31 0.31	B B B
J7643KQ	GLYCOPYRROLATE	Y	Allscripts Baxter PPI Baxter PPI Baxter PPI Phys Total Care Robins Pharm Robins Pharm Robins Pharm Robins Pharm	ROBINUL ROBINUL ROBINUL ROBINUL ROBINUL ROBINUL ROBINUL ROBINUL ROBINUL	(MDV) (S.D.V.) (M.D.V.) (M.D.V.) (S.D.V.) (VIAL) (VIAL) (VIAL) (VIAL)	20 ml 2 ml 5 ml 20 ml 1 ml 1 ml 25s 5 ml 25s 1 ml 25s 20 ml	0.2 MG/ML 0.2 MG/ML 0.2 MG/ML 0.2 MG/ML 0.2 MG/ML 0.2 MG/ML 0.2 MG/ML 0.2 MG/ML 0.2 MG/ML	INU INU INU INU INU INU INU INU INU	54569351900 10019001617 10019001654 10019001663 10019001687 5486823101 00031789006 00031789011 00031789033 00031789095	7.63 0.42 0.48 1.32 0.36 30.71 108.16 24.45 7.63 44.38	1.91 1.05 0.48 0.33 1.80 6.14 4.33 4.89 1.91 4.44	0.33 0.33 0.33 0.33 0.33 0.33 0.33 0.33 0.33 0.33	0.31 0.31 0.31 0.31 0.31 0.31 0.31 0.31 0.31 0.31	B B B B B B B B B B
J7644KO	IPRATROPIUM BROMIDE	N	ALPHARMA USPD Allscripts Alpharma USPD Alpharma USPD Day Phys Total Care Phys Total Care Roxane Roxane Roxane	IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE	(VIAL) (U) (VIAL) (VIAL) (VIAL) (VIAL) (VIAL) (VIAL) (VIAL) (S.D.V., 5X) (S.D.V., 6X) (S.D.V., 12)	2.500 ML 25 0.02% 2.500 ml 25 0.02% 2.500 ml 25 0.02% 2.500 ml 30 0.02% 2.500 ml 60 0.02% 2.500 ml 25 0.02% 2.500 ml 30 0.02% 2.500 ml 60 0.02% 2.500 ml 25 0.02% 2.500 ml 30 0.02% 2.500 ml 30 0.02%	SOL SOL SOL SOL SOL SOL SOL SOL SOL SOL SOL	00472075123 54569491000 00472075130 00472075160 49502068503 49502068560 54868408200 54868408201 00054840213 00054840221	56.50 17.64 67.80 118.80 44.10 52.80 53.95 26.31 44.06 52.87 105.74	4.52 1.41 4.52 3.96 3.53 3.52 3.52 1.80 2.10 3.52 3.52	3.52 3.52 3.52 3.52 3.52 3.52 3.52 3.52 3.52 3.52 3.52	3.34 3.34 3.34 3.34 3.34 3.34 3.34 3.34 3.34 3.34 3.34	G G G G G G G G G G G	
J7644KO	IPRATROPIUM BROMIDE	Y	Boehr Ingelheim Roxane Roxane Roxane	ATROVENT IPRATROPIUM BROMIDE-NOVAPLU IPRATROPIUM BROMIDE-NOVAPLU IPRATROPIUM BROMIDE-NOVAPLU	(VIAL) (S.D.V., 5X) (S.D.V., 6X) (S.D.V., 12)	2.500 ml 25 0.02% 2.500 ml 25 0.02% 2.500 ml 30 0.02% 2.500 ml 60 0.02%	SOL SOL SOL SOL	00557008062 00054840411 00054840413 00054840421	63.72 44.06 52.87 105.74	5.10 3.52 3.52 3.52	3.52 3.52 3.52 3.52	3.34 3.34 3.34 3.34	G G G G	
J7644KP	IPRATROPIUM BROMIDE	N	ALPHARMA USPD Allscripts Alpharma USPD Alpharma USPD Day Phys Total Care Phys Total Care Phys Total Care	IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE IPRATROPIUM BROMIDE	(VIAL) (U) (VIAL) (VIAL) (VIAL) (VIAL) (VIAL) (VIAL)	2.500 ML 25 0.02% 2.500 ml 25 0.02% 2.500 ml 30 0.02% 2.500 ml 60 0.02% 2.500 ml 25 0.02% 2.500 ml 30 0.02% 2.500 ml 60 0.02% 2.500 ml 25 0.02%	SOL SOL SOL SOL SOL SOL SOL SOL	00472075123 54569491000 00472075130 00472075160 49502068503 49502068533 49502068560 54868408200	56.50 17.64 67.80 118.80 44.10 52.80 53.95 26.31	4.52 1.41 4.52 3.96 3.53 3.52 3.52 1.80	3.52 3.52 3.52 3.52 3.52 3.52 3.52 3.52	3.34 3.34 3.34 3.34 3.34 3.34 3.34 3.34	G G G G G G G G	

NOTES *****
 * Note: ** Special Source Inclusion for J1325 (MDC 00173051900)
 * Region C does not compute prices for J0850,J1561,J3370,J7504,J7516,J9001,
 * J9130,J9140,J9208,J9209,J9265,J9280,J9290,J9355,J9390
 * Region C ** DOES NOT LOAD** the price for J7682KQ
 * Q9920 is always **\$10.00**

Exhibit E

April 2003 DMERC Drug Updates

code	code	short_na	prod_name	size_text	strength	form_cod	ndc	awp_pkgs	price	price99	oprice	otype	add
J7643KO	J7643KO	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001681	0.84	4.20	1.08	1.03	B	
J7643KO	J7643KO	Allscripts	ROBINUL	1	0.2 MG/ML	SOL	54569351900	7.63	1.91	1.08	1.03	B	
J7643KO	J7643KO	Phys Total Care	ROBINUL	25	0.2 MG/ML	SOL	54868323101	31.45	6.29	1.08	1.03	B	
J7643KP	J7643KP	Robins Pharm	ROBINUL	25	0.2 MG/ML	SOL	00031789006	108.16	4.33	1.08	1.03	B	
J7643KP	J7643KP	Robins Pharm	ROBINUL	25	0.2 MG/ML	SOL	00031789011	24.45	4.89	1.08	1.03	B	
J7643KP	J7643KP	Robins Pharm	ROBINUL	1	0.2 MG/ML	SOL	00031789083	7.63	1.91	1.08	1.03	B	
J7643KP	J7643KP	Robins Pharm	ROBINUL	25	0.2 MG/ML	SOL	00031789095	44.38	4.44	1.08	1.03	B	
J7643KP	J7643KP	Consolidated Midland	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00223772205	125.00	5.00	1.08	1.03	B	
J7643KP	J7643KP	Consolidated Midland	GLYCOPYRROLATE	1	0.2 MG/ML	SOL	00223772205	6.00	1.50	1.08	1.03	B	
J7643KP	J7643KP	Amer Regent	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00517460125	22.19	4.44	1.08	1.03	B	
J7643KP	J7643KP	Amer Regent	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00517460225	35.94	3.59	1.08	1.03	B	
J7643KP	J7643KP	Amer Regent	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00517460525	78.44	3.14	1.08	1.03	B	
J7643KP	J7643KP	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001617	155.94	1.56	1.08	1.03	B	
J7643KP	J7643KP	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001654	0.96	2.40	1.08	1.03	B	
J7643KP	J7643KP	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001663	1.26	1.26	1.08	1.03	B	
J7643KP	J7643KP	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001681	2.34	0.59	1.08	1.03	B	
J7643KP	J7643KP	Allscripts	ROBINUL	1	0.2 MG/ML	SOL	10019001681	0.84	4.20	1.08	1.03	B	
J7643KP	J7643KP	Phys Total Care	ROBINUL	25	0.2 MG/ML	SOL	54569351900	7.63	1.91	1.08	1.03	B	
J7643KP	J7643KP	Phys Total Care	ROBINUL	25	0.2 MG/ML	SOL	54868323101	31.45	6.29	1.08	1.03	B	
J7643KO	J7643KO	Robins Pharm	ROBINUL	25	0.2 MG/ML	SOL	00031789006	108.16	4.33	0.59	0.56	B	
J7643KO	J7643KO	Robins Pharm	ROBINUL	25	0.2 MG/ML	SOL	00031789011	24.45	4.89	0.59	0.56	B	
J7643KO	J7643KO	Robins Pharm	ROBINUL	1	0.2 MG/ML	SOL	00031789083	7.63	1.91	0.59	0.56	B	
J7643KO	J7643KO	Robins Pharm	ROBINUL	25	0.2 MG/ML	SOL	00031789095	44.38	4.44	0.59	0.56	B	
J7643KO	J7643KO	Consolidated Midland	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00223772205	125.00	5.00	0.59	0.56	B	
J7643KO	J7643KO	Consolidated Midland	GLYCOPYRROLATE	1	0.2 MG/ML	SOL	00223772205	6.00	1.50	0.59	0.56	B	
J7643KO	J7643KO	Amer Regent	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00517460125	22.19	4.44	0.59	0.56	B	
J7643KO	J7643KO	Amer Regent	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00517460225	35.94	3.59	0.59	0.56	B	
J7643KO	J7643KO	Amer Regent	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00517460525	78.44	3.14	0.59	0.56	B	
J7643KO	J7643KO	Amer Regent	GLYCOPYRROLATE	25	0.2 MG/ML	SOL	00517462025	155.94	1.56	0.59	0.56	B	
J7643KO	J7643KO	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001617	0.96	2.40	0.59	0.56	B	
J7643KO	J7643KO	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001654	1.26	1.26	0.59	0.56	B	
J7643KO	J7643KO	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001663	2.34	0.59	0.59	0.56	B	
J7643KO	J7643KO	Baxter Anesthesia	ROBINUL	1	0.2 MG/ML	SOL	10019001681	0.84	4.20	0.59	0.56	B	
J7643KO	J7643KO	Allscripts	ROBINUL	1	0.2 MG/ML	SOL	54569351900	7.63	1.91	0.59	0.56	B	
J7643KO	J7643KO	Phys Total Care	ROBINUL	25	0.2 MG/ML	SOL	54868323101	31.45	6.29	0.59	0.56	B	
J7644KO	J7644KO	Roxane	IPRATROPIUM BROMIDE	25	0.02%	SOL	00054840211	44.06	3.52	3.52	3.34	G	
J7644KO	J7644KO	Roxane	IPRATROPIUM BROMIDE	30	0.02%	SOL	00054840213	52.87	3.52	3.52	3.34	G	
J7644KO	J7644KO	Roxane	IPRATROPIUM BROMIDE	60	0.02%	SOL	00054840221	105.74	3.52	3.52	3.34	G	
J7644KO	J7644KO	Roxane	IPRATROPIUM BROMIDE	25	0.02%	SOL	00054840411	44.06	3.52	3.52	3.34	G	
J7644KO	J7644KO	Roxane	IPRATROPIUM BROMIDE	30	0.02%	SOL	00054840413	52.87	3.52	3.52	3.34	G	
J7644KO	J7644KO	Roxane	IPRATROPIUM BROMIDE	60	0.02%	SOL	00054840421	105.74	3.52	3.52	3.34	G	
J7644KO	J7644KO	Alpharma USP	IPRATROPIUM BROMIDE	25	0.02%	SOL	00472075123	56.50	4.52	3.52	3.34	G	
J7644KO	J7644KO	Alpharma USP	IPRATROPIUM BROMIDE	30	0.02%	SOL	00472075130	67.80	4.52	3.52	3.34	G	
J7644KO	J7644KO	Alpharma USP	IPRATROPIUM BROMIDE	60	0.02%	SOL	00472075160	118.80	3.96	3.52	3.34	G	
J7644KO	J7644KO	Boehr Ingelheim Phar	ATROVENT	25	0.02%	SOL	00597008062	73.09	5.85	3.52	3.34	G	

 * Final *

April 2003 DMERC Drug Updates

code	code	short_na	prod_name	size_text	strength	form_cod	ndc	awp_pkq_	price	price99	oprice	otype	add
J7644KO	J7644KO	Dey	IPRATROPIUM BROMIDE	25	0.02%	SOL	49502068503	44.10	3.53	3.52	3.34	G	
J7644KO	J7644KO	Dey	IPRATROPIUM BROMIDE	30	0.02%	SOL	49502068533	52.80	3.52	3.52	3.34	G	
J7644KO	J7644KO	Allscripts	IPRATROPIUM BROMIDE	60	0.02%	SOL	49502068560	105.60	3.52	3.52	3.34	G	
J7644KO	J7644KO	Phys Total Care	IPRATROPIUM BROMIDE	25	0.02%	SOL	54569491000	18.84	1.51	3.52	3.34	G	
J7644KO	J7644KO	Phys Total Care	IPRATROPIUM BROMIDE	60	0.02%	SOL	54569491000	42.25	1.41	3.52	3.34	G	
J7644KO	J7644KO	Apotex Corp.	IPRATROPIUM BROMIDE	25	0.02%	SOL	54569491000	23.54	1.88	3.52	3.34	G	
J7644KO	J7644KO	Aslung	IPRATROPIUM BROMIDE	25	0.02%	SOL	60505080601	56.00	4.48	3.52	3.34	G	
J7644KO	J7644KO	Aslung	IPRATROPIUM BROMIDE	120	0.02%	SOL	65271000112	211.20	3.52	3.52	3.34	G	
J7644KO	J7644KO	Aslung	IPRATROPIUM BROMIDE	25	0.02%	SOL	65271000125	44.00	3.52	3.52	3.34	G	
J7644KO	J7644KO	Aslung	IPRATROPIUM BROMIDE	30	0.02%	SOL	65271000130	52.80	3.52	3.52	3.34	G	
J7644KO	J7644KO	Aslung	IPRATROPIUM BROMIDE	60	0.02%	SOL	65271000160	105.60	3.52	3.52	3.34	G	
J7644KP	J7644KP	Roxane	IPRATROPIUM BROMIDE	25	0.02%	SOL	00054840211	44.06	3.52	3.52	3.34	G	
J7644KP	J7644KP	Roxane	IPRATROPIUM BROMIDE	30	0.02%	SOL	00054840213	52.87	3.52	3.52	3.34	G	
J7644KP	J7644KP	Roxane	IPRATROPIUM BROMIDE	60	0.02%	SOL	00054840221	105.74	3.52	3.52	3.34	G	
J7644KP	J7644KP	Roxane	IPRATROPIUM BROMIDE	25	0.02%	SOL	00054840411	44.06	3.52	3.52	3.34	G	
J7644KP	J7644KP	Roxane	IPRATROPIUM BROMIDE	30	0.02%	SOL	00054840413	52.87	3.52	3.52	3.34	G	
J7644KP	J7644KP	Alpharma USP	IPRATROPIUM BROMIDE	60	0.02%	SOL	00054840421	105.74	3.52	3.52	3.34	G	
J7644KP	J7644KP	Alpharma USP	IPRATROPIUM BROMIDE	25	0.02%	SOL	00472075123	56.50	4.52	3.52	3.34	G	
J7644KP	J7644KP	Alpharma USP	IPRATROPIUM BROMIDE	30	0.02%	SOL	00472075130	67.80	4.52	3.52	3.34	G	
J7644KP	J7644KP	Boehr Ingelheim Phar	ATROVENT	60	0.02%	SOL	00472075160	118.80	3.96	3.52	3.34	G	
J7644KP	J7644KP	Dey	IPRATROPIUM BROMIDE	25	0.02%	SOL	00597008062	73.09	5.85	3.52	3.34	G	
J7644KP	J7644KP	Dey	IPRATROPIUM BROMIDE	25	0.02%	SOL	49502068503	44.10	3.53	3.52	3.34	G	
J7644KP	J7644KP	Dey	IPRATROPIUM BROMIDE	30	0.02%	SOL	49502068533	52.80	3.52	3.52	3.34	G	
J7644KP	J7644KP	Allscripts	IPRATROPIUM BROMIDE	60	0.02%	SOL	49502068560	105.60	3.52	3.52	3.34	G	
J7644KP	J7644KP	Phys Total Care	IPRATROPIUM BROMIDE	25	0.02%	SOL	54569491000	18.84	1.51	3.52	3.34	G	
J7644KP	J7644KP	Phys Total Care	IPRATROPIUM BROMIDE	60	0.02%	SOL	54569491000	42.25	1.41	3.52	3.34	G	
J7644KP	J7644KP	Apotex Corp.	IPRATROPIUM BROMIDE	25	0.02%	SOL	54569491000	23.54	1.88	3.52	3.34	G	
J7644KP	J7644KP	Aslung	IPRATROPIUM BROMIDE	25	0.02%	SOL	60505080601	56.00	4.48	3.52	3.34	G	
J7644KP	J7644KP	Aslung	IPRATROPIUM BROMIDE	120	0.02%	SOL	65271000112	211.20	3.52	3.52	3.34	G	
J7644KP	J7644KP	Aslung	IPRATROPIUM BROMIDE	25	0.02%	SOL	65271000125	44.00	3.52	3.52	3.34	G	
J7644KP	J7644KP	Aslung	IPRATROPIUM BROMIDE	30	0.02%	SOL	65271000130	52.80	3.52	3.52	3.34	G	
J7644KP	J7644KP	Aslung	IPRATROPIUM BROMIDE	60	0.02%	SOL	65271000160	105.60	3.52	3.52	3.34	G	
J7644KQ	J7644KQ	Roxane	IPRATROPIUM BROMIDE	25	0.02%	SOL	00054840211	44.06	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Roxane	IPRATROPIUM BROMIDE	30	0.02%	SOL	00054840213	52.87	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Roxane	IPRATROPIUM BROMIDE	60	0.02%	SOL	00054840221	105.74	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Roxane	IPRATROPIUM BROMIDE	25	0.02%	SOL	00054840411	44.06	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Roxane	IPRATROPIUM BROMIDE	30	0.02%	SOL	00054840413	52.87	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Alpharma USP	IPRATROPIUM BROMIDE	60	0.02%	SOL	00054840421	105.74	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Alpharma USP	IPRATROPIUM BROMIDE	25	0.02%	SOL	00472075123	56.50	4.52	3.14	2.98	G	
J7644KQ	J7644KQ	Alpharma USP	IPRATROPIUM BROMIDE	30	0.02%	SOL	00472075130	67.80	4.52	3.14	2.98	G	
J7644KQ	J7644KQ	Boehr Ingelheim Phar	ATROVENT	60	0.02%	SOL	00472075160	118.80	3.96	3.14	2.98	G	
J7644KQ	J7644KQ	Dey	IPRATROPIUM BROMIDE	25	0.02%	SOL	00597008062	73.09	5.85	3.14	2.98	G	
J7644KQ	J7644KQ	Dey	IPRATROPIUM BROMIDE	25	0.02%	SOL	49502068503	44.10	3.53	3.14	2.98	G	
J7644KQ	J7644KQ	Dey	IPRATROPIUM BROMIDE	30	0.02%	SOL	49502068533	52.80	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Dey	IPRATROPIUM BROMIDE	60	0.02%	SOL	49502068560	105.60	3.52	3.14	2.98	G	
J7644KQ	J7644KQ	Allscripts	IPRATROPIUM BROMIDE	25	0.02%	SOL	54569491000	18.84	1.51	3.14	2.98	G	

* Final *

April 2003 DWERC Drug Updates

code	code	short_na	prod_name	size_tex	strength	form_cod	ndc	awp_pkgs	price	price99	oprice	otype	add
J7644KQ	J7644KQ	Phys Total Care	IPRATROPIUM BROMIDE	60	0.02%	SOL	54868408200	42.25	1.41	3.14	2.98	G	
J7644KQ	J7644KQ	Phys Total Care	IPRATROPIUM BROMIDE	25	0.02%	SOL	54868408201	23.54	1.88	3.14	2.98	G	
J7644KQ	J7644KQ	Apotex Corp.	IPRATROPIUM BROMIDE	25	0.02%	SOL	60505080601	56.00	4.48	3.14	2.98	G	A
J7644KQ	J7644KQ	Aslung	IPRATROPIUM BROMIDE	120	0.02%	SOL	652271000112	211.20	3.52	3.14	2.98	G	A
J7644KQ	J7644KQ	Aslung	IPRATROPIUM BROMIDE	25	0.02%	SOL	652271000125	44.00	3.52	3.14	2.98	G	A
J7644KQ	J7644KQ	Aslung	IPRATROPIUM BROMIDE	30	0.02%	SOL	652271000130	52.80	3.52	3.14	2.98	G	A
J7644KQ	J7644KQ	Aslung	IPRATROPIUM BROMIDE	60	0.02%	SOL	652271000160	105.60	3.52	3.14	2.98	G	A
J7648	J7648	Phys Total Care	ISOETHARINE HYDROCHL	1	1%	SOL	54868368200	120.14	0.40	0.40	0.38	B	
J7649KQ	J7649KQ	Phys Total Care	ISOETHARINE HYDROCHL	1	1%	SOL	54868368200	120.14	0.40	0.44	0.42	B	
J7649KQ	J7649KQ	Phys Total Care	ISOETHARINE HYDROCHL	1	1%	SOL	54868368200	120.14	0.40	0.44	0.42	B	
J7658	J7658	Phys Total Care	ISOETHARINE HYDROCHL	1	1%	SOL	54868368200	120.14	0.40	0.40	0.38	B	
J7658	J7658	Abbott Hosp	ISUPREL	25	0.2 MG/ML	SOL	00074141001	85.50	34.20	1.63	1.55	B	
J7658	J7658	Abbott Hosp	ISUPREL	10	0.2 MG/ML	SOL	00074141005	48.45	3.88	1.63	1.55	B	
J7658	J7658	Abbott Hosp	ISOPROTERENOL HYDROC	10	0.02 MG/ML	SOL	00074490518	79.68	3.19	1.63	1.55	B	
J7658	J7658	Elkins-Sinn	ISOPROTERENOL HYDROC	25	0.2 MG/ML	SOL	00641143835	95.70	7.66	1.63	1.55	B	
J7658	J7658	Allscripts	ISUPREL	10	0.2 MG/ML	SOL	54569206600	203.88	16.31	1.63	1.55	B	
J7658	J7658	Allscripts	ISUPREL	1	0.2 MG/ML	SOL	54569206601	20.39	1.63	1.63	1.55	B	
J7659KQ	J7659KQ	Abbott Hosp	ISUPREL	25	0.2 MG/ML	SOL	00074141001	85.50	34.20	1.71	1.62	B	
J7659KQ	J7659KQ	Abbott Hosp	ISUPREL	10	0.2 MG/ML	SOL	00074141005	48.45	3.88	1.71	1.62	B	
J7659KQ	J7659KQ	Abbott Hosp	ISOPROTERENOL HYDROC	10	0.02 MG/ML	SOL	00074490518	79.68	3.19	1.71	1.62	B	
J7659KQ	J7659KQ	Elkins-Sinn	ISOPROTERENOL HYDROC	25	0.2 MG/ML	SOL	00641143835	95.70	7.66	1.71	1.62	B	
J7659KQ	J7659KQ	Allscripts	ISUPREL	10	0.2 MG/ML	SOL	54569206600	203.88	16.31	1.71	1.62	B	
J7659KQ	J7659KQ	Allscripts	ISUPREL	1	0.2 MG/ML	SOL	54569206601	20.39	1.63	1.71	1.62	B	
J7659KQ	J7659KQ	Abbott Hosp	ISUPREL	25	0.2 MG/ML	SOL	00074141001	85.50	34.20	1.71	1.62	B	
J7659KQ	J7659KQ	Abbott Hosp	ISUPREL	10	0.2 MG/ML	SOL	00074141005	48.45	3.88	1.71	1.62	B	
J7659KQ	J7659KQ	Abbott Hosp	ISOPROTERENOL HYDROC	10	0.02 MG/ML	SOL	00074490518	79.68	3.19	1.71	1.62	B	
J7659KQ	J7659KQ	Elkins-Sinn	ISOPROTERENOL HYDROC	25	0.2 MG/ML	SOL	00641143835	95.70	7.66	1.71	1.62	B	
J7659KQ	J7659KQ	Allscripts	ISUPREL	10	0.2 MG/ML	SOL	54569206600	203.88	16.31	1.71	1.62	B	
J7659KQ	J7659KQ	Allscripts	ISUPREL	1	0.2 MG/ML	SOL	54569206601	20.39	1.63	1.71	1.62	B	
J7668	J7668	Morton Grove	METAPROTERENOL SULFA	1	5%	SOL	60432067601	13.70	0.27	0.25	0.24	B	
J7668	J7668	Morton Grove	METAPROTERENOL SULFA	1	5%	SOL	60432067630	37.70	0.25	0.25	0.24	B	
J7669KQ	J7669KQ	Pharma Pac	ALUPENT	1	0.6%	SOL	52859015806	54.23	36.15	0.92	0.87	B	

 * Final *

Exhibit F

Palmetto Government Benefits Administrators, LLC

DMERC MEDICARE ADVISORY

Durable Medical Equipment Regional Carrier PO Box 100141 Columbia SC 29202-3141

Summer 1999

Issue 29

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NEW MEDICAL POLICY RESPIRATORY ASSIST DEVICES

A new Respiratory Assist Devices (RAD) DMERC Regional Medical Review Policy (RMRP) is published with the manual revisions accompanying this Advisory. Its effective date of implementation is for dates of service on or after October 1, 1999.

The Health Care Financing Administration (HCFA) proposed that the policy on Respiratory Assist Devices be effective October 1, 1999. Before implementing this policy, however, there will be an

open meeting in the near future at HCFA in Baltimore to discuss the appropriate DME payment category for respiratory assist devices with bi-level pressure capability and with the backup rate feature. Please watch for the Federal Register notice of the meeting. HCFA hopes that all interested parties including the physician community, the supplier community and beneficiaries will be in attendance and that there will be a full discussion of the assignment of these devices into the capped rental payment category. It is HCFA's view that these devices are excluded from the class of items requiring frequent and substantial servicing in

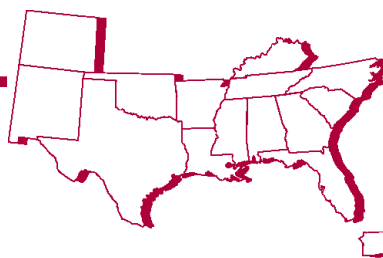


MEDICARE

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Comments and suggestions are welcome. Please direct them to Communications Specialists in the Professional Relations department at the address listed above or www.pgba.com.

NEW MEDICAL POLICY
Respiratory Assist Devices
(continued)

accordance with Section 1834(a)(3) of the Social Security Act. HCFA will be accepting written comments on the appropriateness of the DME payment category for respiratory assist devices with bi-level pressure capability and with the backup rate feature. Additional information on providing comments has been published in the Federal Register. Comments should be mailed to the following address:

Health Care Financing Administration
Division of Community Post-Acute Care
Attn: Joel Kaiser
C5-06-27
7500 Security Boulevard
Baltimore, MD 21244-1850

Comments may also be submitted electronically to the following e-mail address:

jkaiser@hcfa.gov

E-mail comments must include the full name, address, and affiliation (if applicable) of the sender, and must be submitted to the referenced address in order to be considered. All comments must be incorporated in the e-mail message because we may not be able to access attachments.

A special DMERC bulletin will be issued some time after the public meeting and prior to October 1, 1999, and will contain the determination of the payment category for each code and all applicable billing instructions.

NEW HCPCS CODE
RAD: K0534

For dates of service on or after October 1, 1999, another HCPCS code has been established:

K0534: Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)

K0534 describes a bi-level pressure device used with an invasive interface. For dates of service on or after October 1, 1999, E0453 used **with** an invasive interface should be billed to the DMERC using HCPCS code K0534.

Accessories used with the K0534 will have the same utilization parameters as are described in the RAD RMRP for accessory HCPCS codes K0187 - K0189.

FEE CHANGES

Effective for claims processed on or after July 1, 1999, for dates of service on or after January 1, 1999, HCPCS code E0457 (Chest shell (Cuirass)) will be processed as a inexpensive routinely purchased item. The fee schedule allowances for HCPCS code E0457 are listed below. Since E0457 (Chest shell (Cuirass)) is used as a supply with HCPCS code E0460 (Negative pressure ventilator; portable or stationary), the Health Care Financing Administration (HCFA) has changed the payment category from frequently serviced to inexpensive and routinely purchased.

The payment category published in the 1999 Region C *DMEPOS Fee Schedule Catalog* for HCPCS code E0731 - Form fitting conductive garment for delivery of TENS or NMES form, post mastectomy has changed from **supply** to **inexpensive and routinely purchased**.

1999 Fee Schedule Changes

	Ala.	Ark.	Colo.	Fla.	Ga.	Ky.	La.	Miss.
E0457NU	\$586.13	\$586.13	\$586.13	\$586.13	\$586.13	\$586.13	\$586.13	\$586.13
E0457RR	58.61	58.61	58.61	58.61	58.61	58.61	58.61	58.61
E0457UE	439.58	439.58	439.58	439.58	439.58	439.58	439.58	439.58

	N.C.	N.M.	Okla.	P.R.	S.C.	Tenn.	Texas	V.I.
E0457NU	\$586.13	\$586.13	\$586.13	\$703.35	\$586.13	\$586.13	\$586.13	\$586.13
E0457RR	58.61	58.61	58.61	70.34	58.61	58.61	58.61	58.61
E0457UE	439.58	439.58	439.58	527.52	439.58	439.58	439.58	439.58

E0731 - Change in Payment Category

	Ala.	Ark.	Colo.	Fla.	Ga.	Ky.	La.	Miss.
E0731NU	\$340.22	\$340.22	\$340.22	\$340.22	\$340.22	\$340.22	\$340.22	\$340.22
E0731RR	34.02	34.02	34.02	34.02	34.02	34.02	34.02	34.02
E0731UE	255.17	255.17	255.17	255.17	255.17	255.17	255.17	255.17

	N.C.	N.M.	Okla.	P.R.	S.C.	Tenn.	Texas	V.I.
E0731NU	\$340.22	\$340.22	\$340.22	\$340.22	\$340.22	\$289.19	\$355.26	\$289.19
E0731RR	34.02	34.02	34.02	34.02	34.02	28.92	35.53	28.92
E0731UE	255.17	255.17	255.17	255.17	255.17	216.89	266.44	216.89

L8015**PAYMENT REVISION**

The fees published in the 1999 Fee Schedule Catalog for HCPCS code L8015 - External breast prosthetics garment, with mastectomy form, post mastectomy have been revised. These fees are effective immediately for dates of service on or after January 1, 1999.

L8015 - Payment Revision

	Ala.	Ark.	Colo.	Fla.	Ga.	Ky.	La.	Miss.
L8015	\$45.45	\$45.45	\$45.70	\$45.45	\$45.45	\$45.45	\$45.45	\$45.45

	N.C.	N.M.	Okla.	P.R.	S.C.	Tenn.	Texas	V.I.
L8015	\$45.45	\$45.45	\$45.45	\$48.54	\$45.45	\$45.45	\$45.45	\$52.93

FEE UPDATE

The following DMEPOS Drug fees were effective for claims processed on or after April 1, 1999, with dates of service on or after January 1, 1999. Fee changes are shaded. In addition, fees for Oral Anti-Emetic Drugs, HCPCS codes Q0163 - Q0180 are provided.

HCPCS code	Price
J0285	15.77
J0286	88.66
J0640	17.52
J0895	11.00
J1170	0.57
J1250	6.18
J1325	11.02
J1455	11.55
J1570	33.89
J2175	0.52
J2260	36.35
J2270	0.65
J2271	11.07
J2275	1.98
J2545	89.12
J2920	2.02
J2930	5.36
J3010	1.96
J7051	0.18
J7506	0.02
J7507	2.66
J7508	13.32
J7509	0.50
J7510	0.03
J9000	29.36
J9010	146.82
J9040	289.37
J9065	51.42
J9100	6.11
J9110	24.36
J9190	2.53
J9200	129.56
J9245	346.50
J9360	3.85
J9370	30.16
J9375	36.34
J9380	154.57

HCPCS code	Price
K0119	0.77
K0120	78.57
K0121	1.42
K0412	2.14
K0418	5.64
K0503KO	7.75
K0503KP	7.75
K0503KQ	7.32
K0504	0.14
K0505KO	0.47
K0505KP	0.47
K0505KQ	0.14
K0506	0.16
K0507KO	0.33
K0507KP	0.33
K0507KQ	0.16
K0508	0.21
K0509KO	0.28
K0509KP	0.28
K0509KQ	0.21
K0511KO	0.33
K0511KP	0.33
K0511KQ	0.25
K0512	0.10
K0513KO	0.21
K0513KP	0.21
K0513KQ	0.12

HCPCS code	Price
K0514KO	13.72
K0514KP	13.72
K0514KQ	13.65
K0515	1.09
K0516KO	1.52
K0516KP	1.52
K0516KQ	1.09
K0518KO	3.34
K0518KP	3.34
K0518KQ	3.00
K0519	0.06
K0520KO	0.19
K0520KP	0.19
K0520KQ	0.06
K0521	0.25
K0522KO	0.31
K0522KP	0.31
K0522KQ	0.25
K0523	0.25
K0524KO	0.88
K0524KP	0.88
K0524KQ	0.25
K0525	1.78
K0526KO	2.00
K0526KP	2.00
K0526KQ	1.78
K0527	0.10
K0528KO	0.21
K0528KP	0.21
K0528KQ	0.11

HCPCS code	Price
Q0163	0.02
Q0164	0.51
Q0165	0.77
Q0166	42.61
Q0167	3.01
Q0168	5.96
Q0169	0.22
Q0170	0.02
Q0171	0.07
Q0172	0.10
Q0173	0.26
Q0174	0.51
Q0175	0.60
Q0176	0.67
Q0177	0.18
Q0178	0.19
Q0179	24.11
Q0180	65.21

NOTE: The Region C Drug Fee Schedule is updated quarterly. The unit of measure for the fee amounts noted corresponds to the unit of measure noted in the code descriptions published in the 1999 HCPCS coding manual. Please be sure to report the same unit of measure in the Days/Unit field (Item 24g) of the HCFA-1500 (12-90) claim form as is listed in your HCPCS manual. For example, if the HCPCS manual lists one unit as 50 mg, be sure to report 50 mg as one unit on the claim form. If you administered 100 mg, you would list two units on the claim form.

The Region C Drug Fee Schedule is based on the lesser of the median average wholesale price (AWP) of the generic forms or the lowest brand name product AWP.

FEE UPDATE
(continued)**Oral Anti-Cancer Drug Fees**

The following Oral Anti-Cancer Drug fees were effective for claims processed on or after April 1, 1999, with dates of service on or after January 1, 1999. Fee changes are shaded.

Currently the following Oral Anti-Cancer drugs meet the requirements for coverage under OBRA '93.

Unlike other drugs billable to the DMERC, these oral anti-cancer drugs are not submitted with HCPCS codes. Oral anti-cancer drugs are billed using the National Drug Code (NDC) number.

DRUG NAME	STRENGTH	PER TABLET ALLOWABLE
Capecitabine	150 mg	1.82
Capecitabine	500 mg	6.09
Cyclophosphamide	25 mg	1.84
Cyclophosphamide	50 mg	3.31
Etoposide	50 mg	37.31
Melphalan	2 mg	1.98
Methotrexate	2.5 mg	2.96

Note: The listing of a HCPCS drug code along with its allowable does not constitute coverage.

ORAL ANTI-CANCER
DRUG CORRECTION

The NDC numbers for the 5-FU prodrug, Capecitabine, trade name: Xeloda, manufactured by Roche and published in the Spring 1999 DMERC Medicare Advisory (page 13), are incorrect. The correct NDC numbers are as follows:

00004-1100-22	Capecitabine, 150 mg, oral, 1 tab per unit
00004-1100-51	Capecitabine, 150 mg, oral, 1 tab per unit
00004-1100-13	Capecitabine, 150 mg, oral, 1 tab per unit
00004-1101-51	Capecitabine, 500 mg, oral, 1 tab per unit
00004-1101-16	Capecitabine, 500 mg, oral, 1 tab per unit
00004-1101-13	Capecitabine, 500 mg, oral, 1 tab per unit

HCPCS CODE J7506
FEE CLARIFICATION

The 1999 Region C DMEPOS Fee Schedule Catalog listed the fee for HCPCS code J7506 as \$3.03. This amount was incorrect. Due to the change in nomenclature for this code, the correct fee is \$0.02. The verbiage for HCPCS J7506 previously read "Prednisone, any dosage, 100 tablets (various)". It currently reads "Prednisone, oral, per 5 mg." Please ensure your days/units are billed correctly. That is, if you provide 100 5 mg tablets, your days/units should reflect 100.

Workshop Wizard



If you would like to submit a question, please contact your designated ombudsman. For the name, phone number and address of the Palmetto GBA ombudsman assigned to your area, check "Ombudsman Addresses and Their Territories" in the back of this *DMERC Medicare Advisory*.

SUPPLIER STANDARDS:

- **Are suppliers held to the current (11) Supplier Standards, and to the Proposed (20) Standards?**

Suppliers must adhere to the current published (11) Standards until they receive notice of the implementation of the Proposed (20) Standards, which will include the 11 current standards.

- **The Supplier Standards state that a supplier must accept returns of items unsuitable at the time they were fitted, etc. If a wheelchair is suitable for the beneficiary, but not suitable for the residence, (i.e. the wheelchair is too wide to fit through the doorways) would the supplier be expected to accept the return?**

Any item that cannot be used in the beneficiary's home is considered unsuitable. The supplier is expected to accept this type of return, or modify the chair to accommodate the beneficiary's needs.

- **What constitutes a complaint? Would a call to repair a flat tire on a beneficiary's rental wheelchair be a complaint?**

A complaint is when the beneficiary is dissatisfied with an item for a specific reason. A beneficiary call regarding a flat tire is not a complaint. It is a request for service. However, if the tire is not repaired, the request could result in a valid complaint.

- **Is a complaint in the beneficiary's file appropriate or does the supplier have to have a log?**

The proposed standards require the supplier to have a complaint log.

PROOF OF DELIVERY:

- **Do all items delivered to the beneficiary have to be listed on the delivery ticket?**

Yes. All items delivered to a beneficiary must be noted on the delivery ticket.

Certificate of Medical Necessity:

- **Can a supplier key an ICD-9-CM diagnosis code on the electronic CMN if the physician indicated a narrative diagnosis on the hard copy CMN?**

No. The CMN completion instructions on the back of the CMN instruct the physician to provide ICD-9-CM codes. If there is a narrative diagnosis, the instructions have not been followed. Suppliers who transmit CMNs electronically cannot provide information that is not on the CMN.

Workshop Wizard



If you would like to submit a question, please contact your designated ombudsman. For the name, phone number and address of the Palmetto GBA ombudsman assigned to your area, check "Ombudsman Addresses and Their Territories" in the back of this *DMERC Medicare Advisory*.

- **Another DMERC permits providers to enter a "D" on the EMC CMN if the physician does not indicate a "yes" or "no" answer. Does Region C DMERC allow this as well?**

No. Suppliers cannot submit responses not indicated on the hardcopy CMN by the prescribing physician. The EMC CMN must reflect the exact information indicated on the hard copy CMN in the supplier's file.

- **Will Region C accept EMC CMNs with a request for review?**

Yes. We will accept look-alike CMNs if they comply with the EMC CMN regulations that were published in the July '96 DMERC Advisory. CMNs must have the correct wording and OMB numbers.

- **Can a mask and supplies be billed at the initial issue of the CPAP?**

Yes, the items listed on page 42.2 of the Region C *DMEPOS Supplier Manual* may be billed at initial issue whether or not the CPAP is rented or purchased.

APPEALS:

- **Can suppliers combine review denials from multiple beneficiaries to meet the \$100.00 requirement to request a Hearing?**

Yes. The request must make a clear distinction between beneficiaries and give all pertinent information regarding the beneficiary. The combined beneficiaries and claims must be for the same provider. When submitting a multiple listing make sure to use one Hearing request form for each beneficiary claim. Number the request (e.g., page 1 of 5, page 2 of 5, etc.).



Team Tips is a section created by your dedicated teams to assist you with claims filing, appeals and inquiries. These helpful tips will be provided by each team based on trends identified in their daily interaction with you, their customer.

Team A: Do not span dates on oxygen claims. Refer to the Autumn 1997 *DMERC Medicare Advisory*, page 110, for a listing of the only items that require the usage of span dates.

Team B: When calling into the VRU with a Medicare number with multiple alphas, remember to enter into the VRU this way: WC12345 would be *91*2312345#. Information on how to enter alpha characters is found on page 13.6 of the Region C *DMERC DMEPOS Supplier Manual*.

Team C: For diabetic beneficiaries, please be sure to use the appropriate 5 digit diagnosis code along with the KS modifier on claims for non-insulin treated beneficiaries and the ZX modifier for insulin treated beneficiaries.

Team D: If you have a ten-digit supplier number, you must file claims on behalf of the beneficiary.

When requesting a review, please use the Review Request Form found in the Spring 1997 *DMERC Medicare Advisory*. Make sure the form is completely filled out.

Team E: When filing claims with the HCPCS code V2799, please include a description for the item.

Please remember to include the cataract surgery date when filing claims for vision services. This information will be listed in the HAØ field on electronic claims and in Item 21 (next to the diagnosis field) for paper claims.

Team F: When billing wheelchair options and/or accessories as a replacement to an existing part, please include documentation of the medical necessity for the item, make and model number of the wheelchair base they are being added to and the date of the purchase of the wheelchair.

Team G: When filing claims for diabetic supplies, be sure to use the correct modifier - KS for non-insulin dependent beneficiaries and ZX for insulin-dependent beneficiaries.

Team H: When billing accessories for equipment such as wheelchairs, be sure to note on the claim that the beneficiary owns the equipment with which the accessories are used.



Team I: Please remember reviews can not be conducted on returned or rejected claims or on claims denied as duplicate. If a claim is returned or rejected, please correct and resubmit the claim. If you are sending a review to make changes to a claim, please reference the claim control number (CCN) on which the original claim processed, not the CCN of a duplicate denial.

Team J: Status on reviews and hearing can be accessed through the VRU. Use Option 3, then Option 5. Remember to have the claim control number of the claim you are checking.

Team K: Remember to file the CMN with the first claim for the item requiring the CMN. After the initial CMN has been sent, it is not necessary to send it in again unless there is a revision or recertification for the therapy.

Team L: HCPCS code E0146 (folding walker wheeled, with seat) is a capped rental item. HCPCS code E0146 must be filed with the appropriate capped rental modifiers (KH, KI or KJ) **(This HCPCS code is not valid for Medicare billing effective 10-1-98).**

Team M: When filing K0108, please put the manufacturer and part number of the item being billed and the make and model of the main equipment for which it is being billed.

Team N: Oxygen suppliers, use only the HCFA-484 (5/97) OMB form 0938-0534 which can be found in the Autumn 1997 *DMERC Medicare Advisory* and in the Region C *DMERC DMEPOS Supplier Manual*.

Team P: Please have your supplier number ready when you call.

Team S: Never ask for a consideration of review on a duplicate denial.

If you want additional payment on a particular item or to change units, file the review changing the submitted amount or units.

Remember, there are no review rights on returned or rejected claims.

Team T: (1) Miscellaneous options, accessories or replacement parts for wheelchairs that do not have a specific HCPCS code should be coded K0108. (2) HCPCS code L8499 is a miscellaneous code for prosthetic services that do not fall under an established HCPCS code. (3) In general, any time a miscellaneous or not otherwise classified (NOC) code is billed, the claim should include a narrative description of the item, manufacturer name, product number, make and model name/number and any other per-



inent information that may be needed for pricing purposes. Include a brief statement defining the medical necessity for the item or service.

Team U: All blocks on a CMN should be completed. If the question does not apply, then D should be entered by the physician.

Team W: When submitting claims for HCPCS code E0453, therapeutic ventilator, please remember that there must be a statement on the claim declaring "This item is being issued for the treatment of a condition other than obstructive sleep apnea." Failure to include this will result in the claim denying for lack of medical necessity documentation.

Team MSP: Item 29 on the HCFA-1500 (12/90) form is only to record payment received by the beneficiary, not by another insurance company. If you fill in this block with other categories of payments, we will interpret the amount as paid by the beneficiary and reimbursement will be sent to the beneficiary.

Overpayment Team: Yellow envelopes that are included with an Overpayment Request letter should be used for refunds only. Please do not send anything other than refunds in these envelopes nor should anything but refunds be sent to:

Palmetto GBA
PO Box 100183
Columbia, SC 29202-8183

All other correspondence should be sent to your dedicated team's post office box.

Data Entry Department (for hardcopy claims): When filing claims, you must total **each** HCFA-1500 (12/90) claim form. You cannot have one total for multiple claim forms.

Fair Hearings & ALJ: When submitting a request for a Hearing before a Federal Administrative Law Judge (ALJ), please include a copy of the Fair Hearing Decision Letter. This will aid research and timeliness in preparing the file.

OMBUDSMEN ADDRESSES AND THEIR TERRITORIES**Alabama**

Lia Bunch
P.O. Box 146
Union Grove, Ala. 35175
(256) 498-0205

Arkansas/Oklahoma

Eric Kast
P.O. Box 720313
Norman, OK 73070
(405) 292-8234

**Colorado/
New Mexico**

IN THE INTERIM CONTACT:

Gina Thore
P.O. Box 100141
Columbia, S.C. 29202-3141
(803) 735-1034, Ext. 35781

Florida (south)

(covers the southern portion of Florida to include Manatee, Hardee, Highlands, Okeechobee and Indian River counties, and all points south)

Teresita Ortiz
Suite 328
9737 N.W. 41st
Miami, Fla. 33178
(305) 418-5009

Florida (north)

(covers the northern portion of Florida to include Pinellas, Hillsborough, Polk, Osceola and Brevard counties, and all points north)

Keith Smith
Suite 139
10991-55 San Jose Blvd.
Jacksonville, Fla. 32223
(904) 886-2887

Georgia

Mary Jo Gochett
P.O. Box 81850
Conyers, Ga. 30208-9426
(770) 761-0509

Kentucky

Teresa Camfield
PO. Box 436767
Louisville, Ky. 40253-6767
(502) 254-5011

Louisiana/Mississippi

Bobby Smith
P.O. Box 9225
Jackson, Miss. 39286
(601) 856-4368

North Carolina

Sharon Briggman
P.O. Box 97424
Raleigh, N.C. 27624-7424
(919) 846-3552

Out of Region C

IN THE INTERIM CONTACT:

Dana Church
P.O. Box 100141
Columbia, S.C. 29202-3141
(803) 735-1034, Ext. 35714

**Puerto Rico/
Virgin Islands**

Adie Fuentes
Urb. Muñoz Rivera
Ave. Esmeralda #53
Call Box 50
Guaynabo, P.R. 00969
(787) 782-0544

South Carolina

Dana Church
P.O. Box 100141
Columbia, S.C. 29202-3141
(803) 735-1034, Ext. 35714

Tennessee

Ronja Fayne
5341 Mt. View Rd., Suite 122
Antioch, Tenn. 37013
(615) 717-0840

Texas (south)

(covers the southern portion of Texas to include El Paso, Seminole, Abilene, Austin, San Antonio, Corpus Christi, and all points south)

Dana Causey
P.O. Box 7891
Horseshoe Bay, Texas 78657
(830) 598-4882

Texas (north)

(covers the northern portion of Texas to include La Grange, Houston, Killeen, Dallas, Amarillo, and all points north)

Peggy Miller
2601 Cartwright Rd., Suite D392
Missouri City, Texas 77459
(281) 416-9688

Ombudsmen investigate complaints, report findings and facilitate problem solving through training and education of the supplier community.

REGION C DIRECTORY

Please retain this list as your new DMERC telephone directory.

Palmetto GBA contacts**MAILING ADDRESS****TELEPHONE NUMBER****Anti-Fraud Unit**

(803) 788-5414

Palmetto GBA, Medicare Region C DMERC

P.O. Box 100236

Columbia, S.C. 29202-3236

**Dedicated Work Teams/
DMERC General Information**

(803) 691-4300

Electronic Data Interchange (EDI)

(803) 788-9751

Palmetto GBA, Medicare Region C DMERC

P.O. Box 100145

Columbia, S.C. 29202-3145

Hearings Department*

(803) 691-4300

Palmetto GBA, Medicare Region C DMERC

P.O. Box 100249

Columbia, S.C. 29202

Prior Authorization Department*

(803) 691-4300

Palmetto GBA, Medicare Region C DMERC

P.O. Box 100235

Columbia, S.C. 29202-3235

Professional Relations Department(803) 735-1034,
ext. 35744

Palmetto GBA, Medicare Region C DMERC

P.O. Box 100141

Columbia, S.C. 29202-3141

Inquiries regarding hearings or Prior Authorization should be directed to the Dedicated Work Teams.*National numbers****MAILING ADDRESS****TELEPHONE NUMBER****National Supplier Clearinghouse (NSC)**

(803) 754-3951

P.O. Box 100142

Columbia, S.C. 29202-3142

Region A DMERC

(570) 735-9445

Region B DMERC

(317) 577-5722

Region D DMERC

(615) 251-8182

**Statistical Analysis Durable Medical
Equipment Regional Carrier (SADMERC)**

(803) 736-6809

Palmetto GBA

400 Arbor Lake Drive, Suite A 900

Columbia, S.C. 29223

AN OVERVIEW OF PALMETTO GBA'S WEB SITE

Are you keeping up to date on the latest Medicare publications and information? By registering on the Palmetto GBA, LLC Web Site, you can be notified by e-mail when new or important information is added to our web site.

You only need to register once to use many extra features. It is quick and easy. You do **not** have to register to use our web site, but registering lets you:

- Receive weekly e-mail notification of Medicare news and updates
- Fully participate in our Discussion Forums (more information in later advisory articles)
- Update your e-mail profile at any time

Follow these steps to register on our web site.

1. When you have connected to the Internet, access our site at **www.pgba.com**.
2. Select **Providers**, then **DMERC**.
3. Click on the **Register/Profile** button from the menu on the left of the screen. The first registration screen displays with Welcome to Palmetto GBA site information.
4. Click on "**Register if you are a new visitor to this site**" link. The registration form displays.
5. Complete the Registration form. Make note of your user name and Password, as these items are case sensitive.
6. Click on the **Submit Registration** button.
7. Click on the **Login** link. Enter your user name and password. Click OK.
8. Complete your profile information to receive weekly e-mail notification. Check the topics of your interest and check the Every Week notification frequency box. Otherwise you will not receive notification, although your profile will be noted in the system.
9. Click on the **Save and Close** button.

Subsequent Logins

After you register the first time, you only need to login when you want to use the features for registered users: participating in discussion forums, changing passwords, or updating profiles. We are in the process of implementing the discussion forum feature on our web site. Look for more information in future advisory articles.

To Login to our web site as a registered user:

1. Once you have accessed the area of your interest, such as Providers / DMERC, click on the **Register/Profile** option from the menu on the left of the screen.
2. Click on the **Login** link.
3. Enter your username and password. Click on the **OK** button.